

of legislation which will reauthorize Community Health Centers and the National Health Service Corps. Community Health Centers provide a fundamental element of our healthcare delivery system in our nation, providing much needed care for uninsured or under-insured individuals seeking very low cost healthcare services. These centers have, and continue to, impact communities across our country and provide a critical safety net for care for thousands of Americans every year. With nearly 47 million Americans living without health insurance, traditional pay-for services have become prohibitively expensive for many. With no remaining option for even the most basic healthcare services, our emergency rooms are being overwhelmed. Community Health Centers step in to fill that gap, relieving the strain on hospital emergency rooms which cost exorbitantly more to operate and are pressed beyond capacity.

H.R. 1343 reauthorizes Community Health Centers for five years while seeking to improve the access to, and quality of, services available under this program throughout the nation. This legislation requires the Government Accountability Office to conduct three studies, all of which will evaluate mechanisms through which the health center program can do more for our communities. First, GAO will evaluate the incorporation of integrated health systems as a model for improving the access to care for medically underserved populations. Second, GAO will also study the effects of implementing policies which would establish school-based health centers. Finally, this legislation will evaluate the potential benefits which could be achieved by extending federal liability protections to healthcare practitioners to encourage participation in Community Health Centers, both in their community as well as additional areas ravaged by hurricanes, earthquakes, floods, or other disaster situations. In light of the devastation in the Gulf Coast region just a few years ago, our healthcare delivery system was put to the ultimate test. Thousands upon thousands of victims were affected. While physicians and other healthcare professionals were ready and willing to answer the call to serve, concerns regarding medical liability turned them away from their call to service. This is an apparent problem an Congress must address this issue to avoid a repeat of this unfortunate situation in the future.

I believe this legislation represents a reasonable compromise, reflecting the priorities of the House, Senate, and healthcare industry, and provides much-needed reauthorization to this critical component of our nation's healthcare infrastructure. I would also like to express my appreciation to the National Association of Community Health Centers for working so well with House and Senate staff in order to craft this legislation before us today. Again, I am pleased to see this legislation on the floor today, and I encourage all of my colleagues to support this critical reauthorization of Community Health Centers.

At this time, I would like to yield to the gentleman from Mississippi, who is a member of this committee, who also has worked on this legislation, for such time as he may consume, Mr. PICKERING.

Mr. PICKERING. Thank you, Mr. DEAL, the gentleman from Georgia. I want to thank him for his leadership of the subcommittee as the ranking mem-

ber and previously as the chairman of the subcommittee. I want to thank Congressman GENE GREEN for his work as we did work together in a bipartisan fashion, all the committee staff.

As I come close to the end of my service in Congress, I can think of no better thing to go out on as the reauthorization, the expansion, and the funding, and modernization of the community health centers for what they do to create healthy communities and strong communities and to help the families most in need in our States and districts back home and in small towns and cities.

I know from Mississippi, community health centers have made a tremendous difference after Katrina and getting those who were evacuated after a disaster the help, but more importantly, every day those mothers and the elderly and the low income who otherwise would not have the best care and affordable, accessible means. Community health centers have played a vital role to my home State of Mississippi, and I'm very proud to be a part of this reauthorization and to see it done before we leave this session.

I want to thank Mary Martha Henson for her tremendous work on this, as well as the other staff.

Mr. DEAL of Georgia. I have no further speakers on the floor, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 30 seconds to the gentleman from Texas.

Mr. GENE GREEN of Texas. Madam Speaker, I'm glad that we have a member of our Energy and Commerce Committee in the chair, and this is a great example of working together. I know my colleagues, both from Mississippi but also from Pennsylvania, we worked on other issues in this bill, and I would be more than happy to see what we can do next Congress.

But this way, we have a reauthorization of the community health centers, and we can always improve on them and look forward to working with them again, bipartisan, across the aisle, because all of us look forward to expanding health centers for our community.

Mr. PALLONE. Madam Speaker, I have no further requests for time. I would urge my colleagues on both sides of the aisle to support this critically important measure that will help ensure that all Americans have access to quality health care.

Mr. SHAYS. Madam Speaker, I strongly support the Health Centers Renewal Act, which will reauthorize the community health center program for five years and increase the program's funding. This continues the strong commitment we have shown to these centers over the past five years.

During the last reauthorization, this Administration has sought to double the amount of people receiving care through community health centers, from 10 million to 20 million.

Already, over 17 million individuals are receiving quality care, and half of these individuals are uninsured. So of our 46 million uninsured, nearly 8 million are receiving care from these centers.

By preventing costly hospitalizations and reducing the use of emergency care for routine services, it is estimated community clinics save the health care system over \$6 billion annually.

I strongly support passage of this legislation so community health centers can continue providing high-quality, cost-effective care. I urge my colleagues to vote for this bill.

Mr. PALLONE. I yield back my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 1343.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the Senate amendment was concurred in.

A motion to reconsider was laid on the table.

MAKING A TECHNICAL CORRECTION IN THE NET 911 IMPROVEMENT ACT OF 2008

Mr. PALLONE. Madam Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the bill (H.R. 6946) to make a technical correction in the NET 911 Improvement Act of 2008, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

The text of the bill is as follows:

H.R. 6946

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. TECHNICAL CORRECTION.

(a) AMENDMENT.—Section 6(c)(1)(C) of the Wireless Communications and Public Safety Act of 1999 (47 U.S.C. 615a-1(c)(1)(C)) is amended by striking “paragraph (2)” and inserting “paragraph (3)”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as of July 23, 2008, immediately after the enactment of the NET 911 Improvement Act of 2008 (Public Law 110-283).

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

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ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 1014, de novo;

H.R. 6950, de novo;

H. Res. 1421, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.